## STATE OF NEW HAMPSHIRE

## 2019 Statement of Income and Expenses for LOBBYISTS

for LOBBYISTS (RSA Chapter 15)

## RECEIVED

PLEASE PRINT

JAN 2 4 2020

I. Name of Lobbyist(s) Rosemary Danelski			NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnersh	ip, firm or corporation, if a	iny:	DEFARTMENT OF STATE
America Votes			
(Name of partners	hip, firm or corporation)		·
10 Dixon Ave	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
1603 <u>225-1932</u>	( )		ki@americavotes.org
(Telephone)	(Fax	(1)	
III. This statement covers: (Choreportable expense transactions  All reportable transactions occ	which are not attributable	to any one client).	
·			<b></b>
America Votes (Full Name	of Client as it appears on the Le	obbyist Registration Form)	<del></del>
<u>OR</u>		,	
All reportable transactions by tunrelated to any particular client.	he lobbyist (including the lob	bbyist's family), or the lobbyin	g firm listed below which are
IV. Date of Report April 24, Reports cover: activity from date	2019  of registration to 3/31/19	July 31, 2019	9
	30, 2019 🗌 7/1/19 to 9/30/19	January 29, 2020 🛭 activity from 10/1/19 to 12/3.	1/19
V. There have been no fees ro If this box is checked, complete ju State House, Room 204, Concord,	st this form and submit it to t		
VI. Check if additional reports :	are attached:		
☐ If you have received fees or n		file Addendum A- Fees and E	Expenses
☐ If you have paid an honorariu Expense Reimbursement		•	
If you, your firm, or your fam	ily has made political contrib	outions, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, Rand-complete to the best of my kn (Signature of Jobbýist)  Rosemary Danelski  (Print Name of Jobbyist)	SA 14-C and RSA 664 and I	hereby swear or affirm that the	